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APPLICANTS

Dilson Ferreira da Luz, Jaboatao dos Guararapes-PE, BRAZIL;

**** CONTINUING DATA *******

This application is a 371 of PCT/BR04/00054 04/13/2004

**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance /D.E./ Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and /DAVID C EASTWOOD/ Acknowledged Examiner's Signature	<input checked="" type="checkbox"/>		BRAZIL	4	17	2

ADDRESS

THE NATH LAW GROUP
 112 South West Street
 Alexandria, VA 22314
 UNITED STATES

TITLE

Surgical device and method for cutaneous detachment of skin

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit